Stat

## **Secretary of State**

## LLC-5

## Application to Register a Foreign Limited **Liability Company (LLC)**

-FILED-

For Office Use Only

File No.: 202565412182 Date Filed: 1/17/2025

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LLCs in California may have to pay minimum \$800 tax to the

California Franchise Tax Board each year. For more information, go https://www.ftb.ca.gov/.	to	Th	ils Space For	or Office Use Only		
1a. LLC Name (Enter the exact name of the LLC as listed on your attache	d Certificate of G	ood Standing.)				
BMR-Bridgeview II GP LLC	- · <u>-</u>					_
1b. California Alternate Name, If Required (Only enter an alterna	te name if the LL	Ç name in 1a n	ot available in (	California.)	<u> </u>	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Goo	xd Standing.)				
a. Jurisdiction (State, foreign country or place where this LLC is formed.)						
Delay	ware -					
b. Authority Statement (Do not alter Authority Statement)						
This LLC currently has powers and privileges to conduct busin	ess in the stat	e, foreign co	ountry or place	æ entere	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses. Ite	ms 3a and 3b ca	nnot be a P.O.	Box or "in care	of" an indi	vidual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrev	ty (no abbreviations)			Zip Code	
4570 Executive Drive, Suite 400	San Diego	າ Diego			92121	
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	C City (no abbreviations)			State	Zip Code	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box.	<b>√</b> 3a			-		
d. Mailing Address - if different than item 3a or 3b	City (no abbrev	City (no abbreviations)			Zip Code	
4. Service of Process (Must provide either Individual OR Corporation	.)			. <u></u>		
INDIVIDUAL Complete Items 4a and 4b only. Must include agent's full		mia street addr	ess.			
a California Agent's First Name (if agent is not a corporation)	Middle Name				Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State	Zıp Cod	je	
				ÇA		
CORPORATION - Complete Item 4c only. Only include the name of the						
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do no	•		.,			
Corporation Service Company Which Will Do Business In Califo	ornia As CSC -	Lawyers Inc	corporating S	ervice	******	<del></del>
5. Read and Sign Below (Title not required.)						
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	nherein is true	and correct	and that I a	m author	rized to	sign
	Dawn	Dawn Saunders				
Signature	Type a	nd Print Nan	ne			
LLC-5 (REV 11/2023)				2023 Cali		etary of State

<u>Delaware</u>

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BMR-BRIDGEVIEW II GP LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BMR-BRIDGEVIEW

II GP LLC" WAS FORMED ON THE FIFTEENTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 202713220

Date: 01-16-25